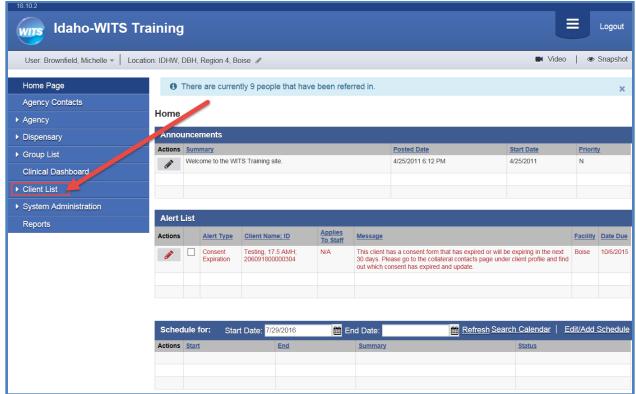
Fee Determination - When Clients/Parents of Clients Refusing to sign

Purpose: The Fee Determination screen tracks financial eligibility for the client. When a client refuses to sign a Fee Determination, they become financial responsible for 100% of the billed services.



The Fee Determination is required on all clients accessing mental health services. A Fee Determination record shall be completed at intake and a new Fee Determination record shall be completed annually (or more frequently if the individual/family circumstances significantly change). Financial responsibility is determined by fee schedules listed in IDAPA 16.07.01.300.

Begin by logging into WITS.

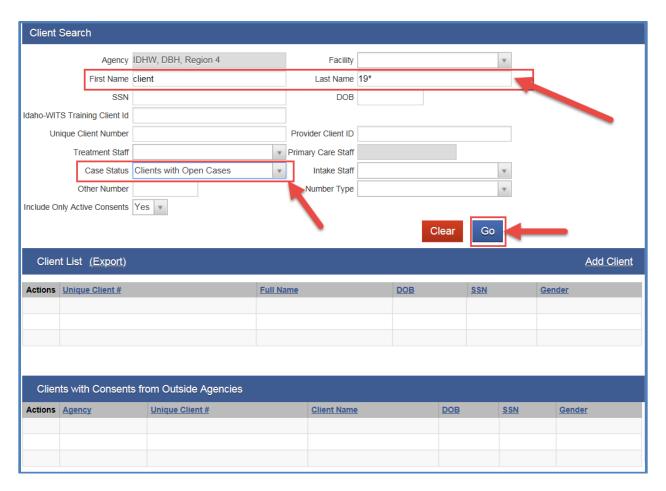


1. From the Home Page, start by clicking

Client List on the Blue Navigation Pane.

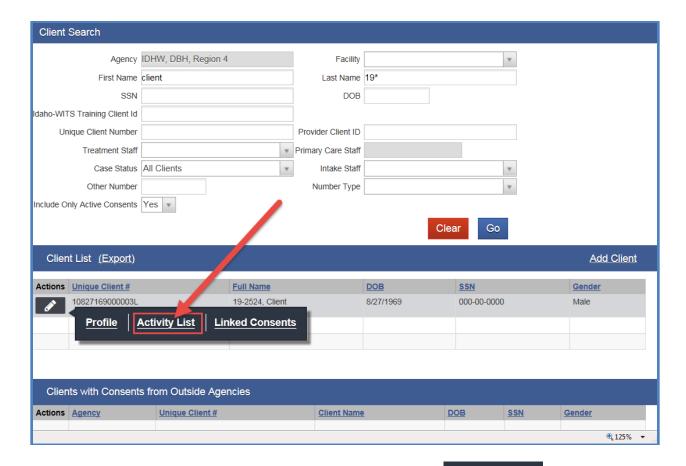


Searching with an asterisk may come in handy with a name such as 'Anderson.' By typing in 'ander*", you will return results for clients who spell their name with an 'o', or and 'e' at the end.



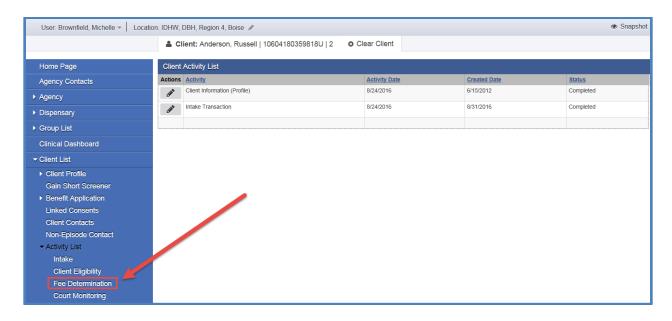
2. Search for your client. You can use any of the criteria listed under the 'Client Search' bar. If you aren't sure how a name is spelled, you can use an asterisk (*) as a 'wildcard' before or after any part of the name to return results that match. The client will have an open case since Central Office Staff have notified the Region a mental health assessment is needed so make sure that you add

clients with Open Cases to your search criteria. Always click to start a search in WITS.



3. Once you've found the client in the Client List, hover over the and click

Activity List



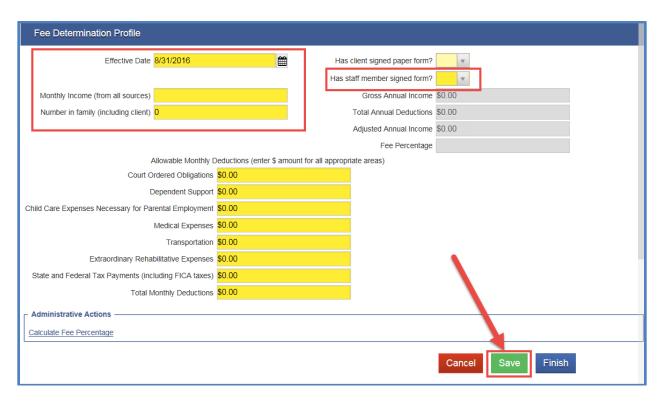
4. Once you're in the activity list, click Fee Determination on the blue navigation pane.



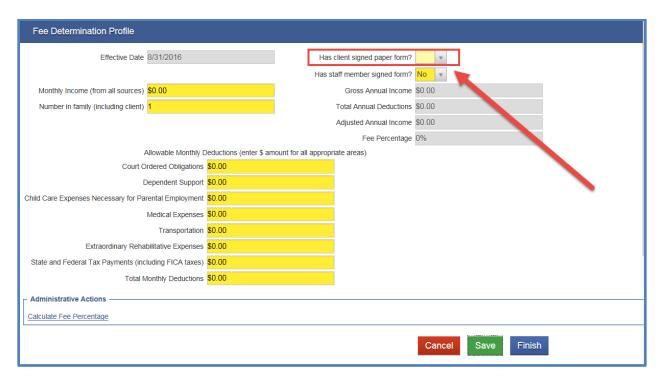
5. Click Add New



You do not need to update the information in the allowable monthly deductions section. Once you indicate that the client did not sign the fee determination and select a reason, these fields become empty and will no longer be required.



- 6. Complete the following fields:
 - Effective Date the field populates with today's date. Change to reflect the appropriate date or use the date picker to select the date.
 - Monthly Income (from all sources) enter client's income or enter zero if the client will not provide the information.
 - Number in Family (including client) enter number of people in client's family.
 - Has Staff member signed form select No.
- 7. Click Save



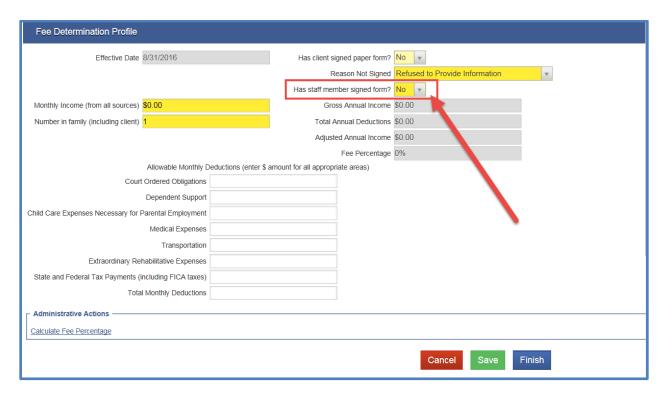
8. Select No to indicate the client has not signed the paper form.



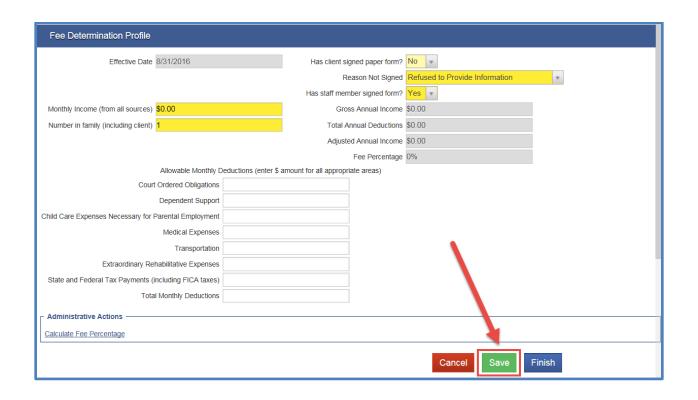
9. Select the reason not signed.



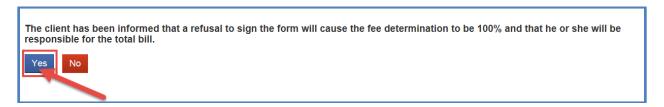
When you select the reason the client refused to sign the fee determination, all of the monthly deductions are not required and the values are removed.



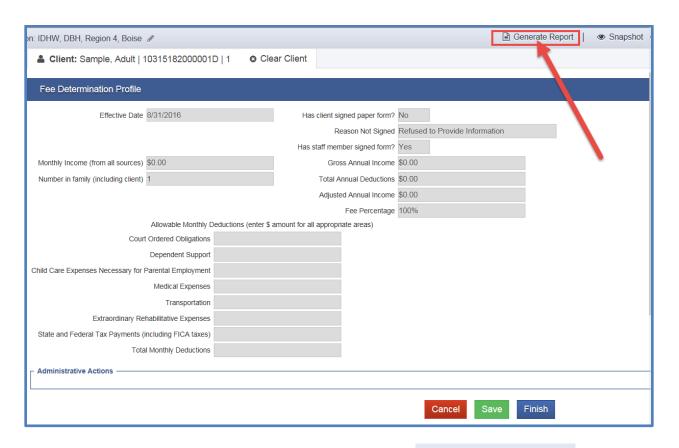
10. Select Yes to indicate the staff member has signed the fee determination.



11. Click



12. Click Yes to confirm the client understand they are now 100% financially responsible for the total bill.



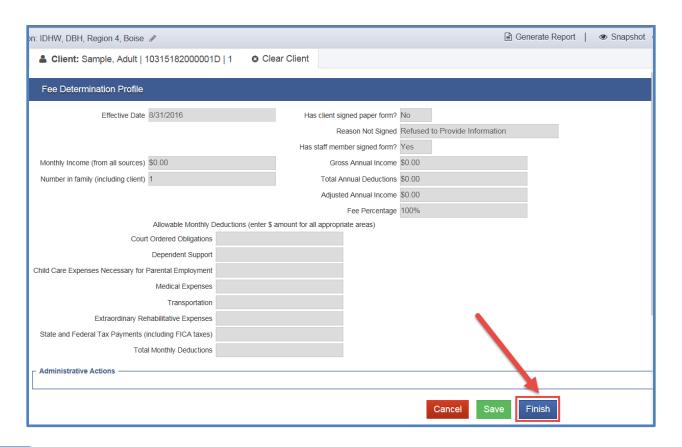
13. The fee determination is read-only and the fee percentage is now 100%. Click

| Generate Report | to print a copy of the fee determination or click | Finish | ...

IDHW, DBH, REGION 4 FEE DETERMINATION

Client's Name: Sample, Adult	SSN: 000-00-0000
ones o reality of the second	3321. 000-0000
Section II – FEE DETERMINATION:	
(Your income, minus allowable deductions and the numb- what percentage of our fees you will be required to pay.)	er of dependents in your household will be used with our sliding fee scale to determ
Gross Monthly Income: Number of Dependents in Household:	\$0.00 1
Allowable Monthly Deductions: 1. Court Ordered Obligations:	
2. Dependent Support:	
3. Child Care Expenses Necessary for Parental	l Employment:
4. Medical Expenses:	
5. Transportation:	
6. Extraordinary Rehabilitative Expenses:	
7. State and Federal Tax Payments (including	FICA taxes):
8. Total Monthly Deductions:	
(Office i	Use Only) Sources of Income/Deduction Verification:
Total Monthly Income: \$0.00	
Total Monthly Income: \$0.00 Allowable Monthly Deductions: -	
	X 12 = Adjusted Annual Income.
use disorders providers. Under Section 39-30!	harging of fees for services provided by mental health and substam 9, Idaho Code, the Board of Health and Welfare is authorized to harging of fees for services provided by mental health and substam
	number of dependents, it has been determined that your financial charged for services. This includes any portion of your fees rices not covered by Medicaid.
Confidential for Sample, Adult , IDHW, DBH, R	eaion 4
I affirm that the statements made by me herein a	• •
monthly basis as per prior arrangements. If it bed	nount due by me and agree to pay at the time of service or on a comes necessary for IDHW, DBH, Region 4 to initiate collection action consible for all cost incurred by IDHW, DBH, Region 4.
Reason not signed: Refused to Provide Informat	tion
Client/Parent/Responsible Party Signature	Date
accurately and completely documented all inform	ome and allowable monthly deductions from the family. I have nation made available to me, attached copies of all available ses, and used information provided to me to calculate the family's I Health rules.
Staff Signature	Date

14. The report displays in another window and includes the reason the client did not sign the fee determination. Close this window when you are finished.



15. Click Finish